

BEST AVAILABLE COPY

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. 10/030878 | | FILING DATE | | |
|--|----------|------|------------------------|------|------------------------|------|--------------------------------|------|-------------|------|------|
| | | | | | | | APPLICANT(S) | | | | |
| CLAIMS | | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | • | | • | |
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| 2 | | 1 | | 1 | | | 52 | | | | |
| 3 | | 2 | | 1 | | | 53 | | | | |
| 4 | | 1 | | 1 | | | 54 | | | | |
| 5 | | 1 | | 1 | | | 55 | | | | |
| 6 | | 1 | | 1 | | | 56 | | | | |
| 7 | | 1 | | 1 | | | 57 | | | | |
| 8 | 1 | | 1 | | | | 58 | | | | |
| 9 | | 1 | | 1 | | | 59 | | | | |
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